



A Guide To...

*Completing
Your CalPERS
Non-Member
Service Retirement
Election Application*



California
Public Employees'
Retirement System

Table of Contents

| | |
|-------------------------------|----------|
| Who Is Eligible? | 2 |
|-------------------------------|----------|

| | |
|------------------------------|----------|
| Getting Started | 2 |
|------------------------------|----------|

| | |
|---|----------|
| Requesting a Retirement Benefit Estimate | 3 |
|---|----------|

| | |
|---|----------|
| Your Retirement Planning Checklist | 3 |
|---|----------|

| | |
|--|----------|
| The Step-By-Step Guide To Completing Your Non-Member Service Retirement Application | 7 |
|--|----------|

Section A — Applicant Information

Section B — Retirement Information

Section C — Option Election

Section D — Pro-Rated Allowance

Section E — CalPERS Member Information

Section F — Tax Withholding Election

Section G — Applicant's Signature & Notary

What Happens Next?

Your Notification of Retirement Allowance

Changing Your Option Election or
Beneficiary After Retirement

| | |
|-------------------------------|-----------|
| Retirement Forms | 13 |
|-------------------------------|-----------|

Non-Member Service Retirement Election
Application

Non-member Retirement Allowance
Estimate Request

Non-member Beneficiary Designation

Direct Deposit Authorization

Is My Paperwork in Order?

(Required Documents Checklist)

| | |
|-----------------------------------|-----------|
| How to Reach CalPERS | 27 |
|-----------------------------------|-----------|

As a result of a community property settlement, you were awarded a portion of your former spouse's pension. A CalPERS account was established in your name, which means you *may* be eligible to receive a monthly retirement benefit.

CalPERS wants to make your application for retirement a smooth one. And while there are some steps you need to take to complete the necessary forms and make your benefit decisions, the information provided in this package should make these efforts easy.

A Guide To . . .

Completing Your CalPERS Non-Member Service Retirement Election Application



Who is Eligible?

In order to apply for your non-member service retirement benefits, you must have a CalPERS non-member account, and both you and your former spouse (the CalPERS member) must be eligible for retirement. This means you both must meet the CalPERS retirement eligibility requirements.

Your former spouse only needs to be eligible to retire for you to apply for and receive benefits, they do not have to actually retire at this time.

If you have a CalPERS member account **and** a “non-member” account, you may receive your non-member service retirement benefits, continue in CalPERS-covered employment, and retire under your own member account at a later date.

Getting Started

The *Non-Member Service Retirement Election Application* is the main form you will need; however, based on your individual situation there are some additional forms you may need to complete. You should not submit your application to CalPERS more than 90 days prior to your retirement date. Your retirement cannot be effective earlier than the first of the month in which CalPERS receives your application, **or** the day following the date of the court order which divided the community property between you and your former spouse, whichever is later.

Changes to the election you make on the application **cannot** be made after you receive your first retirement check, so you need to understand what each election means to you — and those you plan to leave benefits to after your death. To assist you, we have a variety of information available on understanding CalPERS benefits and services. You can get a copy of any CalPERS publication from your nearest CalPERS Regional Office or by calling (800) 352-2238. (Office locations are listed in the back of this package.) The CalPERS On-Line web site (www.calpers.ca.gov) also has information on all our programs and services, and all our publications are available on-line.

Requesting a Retirement Benefit Estimate

Since financial considerations are such an important part of retirement decisions, you should get an estimate of what your future benefits may be. You can ask CalPERS to complete an estimate for you by using the *Non-Member Retirement Allowance Estimate Request* form in this package.

The following planning checklist can help you with the steps you should take before you retire. CalPERS can expedite retirement processing for those who are facing a terminal illness. If this is your case, contact CalPERS immediately to discuss an emergency retirement.

Your Retirement Planning Checklist

6 Months Before Retiring

- ☐ Time to think about getting a retirement benefit estimate. Complete the *Non-Member Retirement Allowance Estimate Request* form in this package and send it to CalPERS. This information can help you choose your actual retirement date.

You should also review your CalPERS Non-Member Annual Statement to ensure the information on your account is correct.

4 to 5 Months Before Retiring

- ☐ Begin working on your *Non-Member Service Retirement Election Application* form. This is also the time you should begin to gather and make copies of some of the required documents you will need. (Remember, only send CalPERS copies of these materials — never send originals. There is a Required Documents Checklist in this package that you can refer to before you send in your application.)



- ❑ Check out the other forms in this package and see if you will need to use them (based on your individual situation). These include the *Non-Member Retirement Allowance Estimate Request*, *Non-Member Beneficiary Designation*, and *Direct Deposit Authorization* forms.

3 Months Before Retiring

- ❑ Now it's time to send your completed *Non-Member Service Retirement Election Application* and any other applicable forms to CalPERS at the address shown on each form. Be sure you keep a copy for your records and keep your application package for future information.





A vertical image on the left side of the page shows a close-up of a hand holding a silver and black pen, writing on a document. The document has some text that is partially visible and upside down.

The Step-By-Step Guide to Completing Your Non-Member Service Retirement Application



While the *Non-Member Service Retirement Election Application* form is not complex, it does require a lot of detailed information. We suggest you remove the application from the Retirement Forms section of this package so you can follow the step-by-step instructions for each section while you are completing it.

Section A — Applicant Information

This section tells CalPERS about you.

- Enter your **full first** and **last name** and your **middle initial**.
- Enter **Social Security number**. This is needed for CalPERS to review your eligibility.
- Enter your **mailing address**. We need your home address or P.O. Box number, including **city, state, ZIP code**, and **country**. Your monthly retirement check will be mailed to this address, unless direct deposit is established. CalPERS will also use your home address to mail your annual tax statement and other information to you. To select direct deposit, please complete the *Direct Deposit Authorization* form in this package.
- Enter if you are **male** or **female**.
- Enter your **date of birth**.
- Enter your **work** and **home telephone numbers**, so we can reach you if we have any questions or need more information.

Section B — Retirement Information

This section tells us when you want to retire and provides other information needed to determine your benefits.

- Enter the actual **retirement date** you have chosen. Remember, your retirement may be effective any day of the week, Sunday through Saturday. However, it cannot be earlier than the first of the month in which CalPERS receives your application. For example, if your application is received on November 14th, your retirement cannot be effective any earlier than November 1st. **Or** your retirement date can be the day following the date of the court order which divided the community property between you and your former spouse, whichever is later.
- **Final compensation** is the highest average salary “earned by the member” (your former spouse) during any consecutive one-year **or** three-year period, **prior to the date of dissolution of marriage or legal separation or your former spouse’s last day on payroll, whichever is earlier**. If you wish to specify a different period when the final compensation may have been higher, enter that information. However, the time period of your marriage and membership must correspond.



Section C — Option Election

This section will tell CalPERS which retirement allowance option you have chosen. The amount at retirement may be adjusted if any additional information is received. Option elections are lifetime monthly allowances.

You need to decide if you want the **Unmodified Allowance**, or **Option 1**, **Option 2**, **Option 2W**, **Option 3**, **Option 3W**, or **Option 4**. More information on each of these choices is provided to assist you in making your decision. The retirement estimate you should have received provided you with a projection of the retirement benefits you and your beneficiary would receive for each of these choices.

Your election choices are:

- the **Unmodified Allowance** – This is the highest monthly allowance you can receive. However, it does not provide a continuing allowance to a beneficiary, and there is **no return of any contributions after your death**.

Or, you may elect to receive one of the following options. Each option reduces your unmodified allowance, but provides a continuing payment to a beneficiary.

- **Option 1** — Upon your death, any unused contributions in your account will be paid to your beneficiary in a lump sum. Option 1 does not provide a continuing allowance to a beneficiary. You may name more than one person as beneficiary by completing the *Non-Member Beneficiary Designation* form in this package. (Option 1 is not available to the former spouses of State Second Tier members since member contributions were not made.)

- **Option 2** — The same retirement allowance you receive will be paid to your designated beneficiary for life. Your retirement allowance will increase back to the Unmodified Allowance amount **if**:
 - your beneficiary dies first; **or**
 - your beneficiary waives entitlement to the Option 2 benefit.
- **Option 2W** — As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase back to the Unmodified Allowance amount under the scenarios shown in Option 2.
- **Option 3** — In this option, one-half of your monthly retirement allowance will be paid to your beneficiary for life. Your retirement allowance will increase back to the Unmodified Allowance amount **if**:
 - your beneficiary dies first; **or**
 - your beneficiary waives entitlement to the Option 3 benefit.
- **Option 3W** — As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase back to the Unmodified Allowance amount under the scenarios shown in Option 3.

- **Option 4** — Option 4 allows you to customize your monthly allowance to best suit your needs; however, there are some limitations. In addition, Option 4 has no provision for an allowance increase back to the Unmodified Allowance amount as provided in Options 2 and 3. To understand more on this option and review examples of the types of Option 4 allowances currently available, see the *Retirement Option 4* booklet (PERS-PUB-18).

If you elect the Combination 2W-1 or 3W-1 (see booklet for more details), you must complete the *Non-Member Beneficiary Designation* form for your Option 1 balance.

- **Beneficiary Information** — Enter the **name**, **birth date**, **sex**, **Social Security number**, **relationship**, and **address** of the beneficiary you designate to receive continuing benefits after your death. (Do not complete this section if you are electing Option 4 Multiple Lifetime Beneficiaries.)

Once you have completed this section, be sure you review the Required Documents Checklist carefully to determine which beneficiary or survivor documentation you will need to submit with your application.

Section D — Pro-Rated Allowance

- Enter the **Social Security number**, **name**, **relationship**, and **address** of the beneficiary you want to designate to receive a lump-sum payment.

Section E — CalPERS Member Information

This section provides information on the CalPERS member (your former spouse) and your former marriage. Do not use your name and Social Security number in this section.

- Enter the **name of the member** (your former spouse) whose account was split in the community property settlement.
- Enter the **Social Security number** of the member.
- Enter the **date of marriage** to the member.
- Enter the **date your marriage terminated** (this is the date the court determined you were no longer married and could legally remarry). If you have a separate CalPERS account as a result of a judgment of legal separation, enter **your separation date**. Please provide a copy of the actual judgment of dissolution entered with the court or the judgment of legal separation. CalPERS does not need the property settlement agreement which is already a part of your CalPERS file.

Section F — Tax Withholding Election

This section tells CalPERS how you want to have your tax withholding handled. To assist you in making this decision, see the *Taxes and Your Retirement* booklet (PERS-PUB-34), or talk with your tax advisor. You can change your withholding at any time by completing another CalPERS tax withholding form.

- Under each section, **federal tax withholding** and **State of California tax withholding**, you can make only one election. Choose between no withholding, withholding a flat dollar amount, or withholding based on the tax tables.

If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are married with three exemptions.

Section G — Applicant Signature & Notary

This is the last part of the application. Once the form is completed, your **signature** must be notarized by a Notary Public or witnessed by a CalPERS representative at any CalPERS office. If you reside in a foreign country, the Consulate may witness your form.



What Happens Next?

After you submit your *Non-Member Service Retirement Election Application*, CalPERS will take the steps necessary for you to retire on the day you've selected. Once your application is received at our Sacramento Headquarters, you will receive an "acknowledgment letter" letting you know we have begun processing your request (usually within 5-10 days of receipt of your application). CalPERS will notify you if we have questions or need more information.

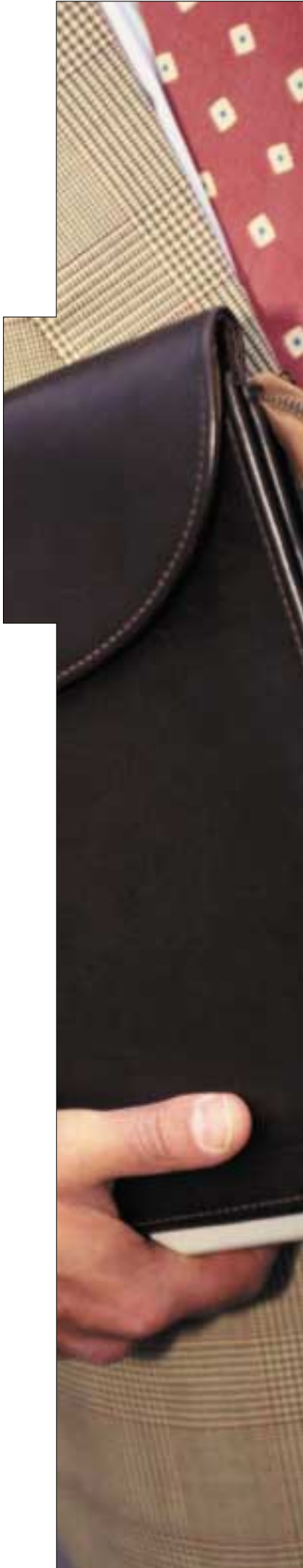
Your Notification of Retirement Allowance

Before you receive your first retirement benefits check, CalPERS will send you a letter providing you with the date of your first retirement check, the amount you can expect to receive, and important income tax information. You should keep this letter, along with other CalPERS information you may have, in the folder at the back of this booklet.

Changing Your Option Election or Beneficiary After Retirement

There are limited situations when you can change your beneficiary after retirement. If there is a change in your marital status, or your designated beneficiary dies, you may be entitled to elect a new benefit and designate a new beneficiary. If this occurs, contact CalPERS to request a *Changing Options and Beneficiaries After Retirement* form (PERS-PRS-411). You may change your beneficiary for Option 1 or the Pro-Rated Allowance at any time by filing a *Non-Member Beneficiary Designation* form with CalPERS. A change in your marital status or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump-sum benefits.





Retirement *Forms*



In addition to the *Non-Member Service Retirement Election Application* form, this package contains some other forms you may need.

Non-Member Retirement Allowance Estimate Request (PERS-MSD-470-NM)

This form can be used to request an estimate of retirement benefits.

By getting an estimate of your future retirement benefits, you can make an informed decision when you are selecting your retirement benefit option.

Non-Member Beneficiary Designation (PERS-BSD-509-NM)

This form is required for you to designate any person, corporation, or your estate as beneficiary for any Option 1, Pro-Rated Allowance, or Option 4-Option 1 balance.

The law designates that your beneficiaries are, in the order shown: 1) your spouse; 2) your children; 3) your parents; 4) your brothers and sisters; 5) your trust; or 6) your estate, if probated. However, you can designate a different order or name anyone you choose by completing the *Non-Member Beneficiary Designation* form.

If you want to designate a trust as your beneficiary, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Do not designate the trustee by name, since this could change.

Direct Deposit Authorization (PERS-BSD-1199)

This form is optional and can be completed at any time before or after retirement.

CalPERS provides a safe way to deliver your monthly retirement allowance. Direct deposit places your retirement allowance electronically into your checking or savings account. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of checks; and provide you with a monthly statement of itemized deductions.

To enroll, complete the *Direct Deposit Authorization* form in this package. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS. For more information, see the *Direct Deposit of Your Monthly Benefit* booklet (PERS-PUB-32).

Is My Paperwork in Order? (Required Documents Checklist)

Use the following checklist to make sure you have all the necessary documentation to go with the forms you need to provide to CalPERS. Remember, you should always include your Social Security number on any documents you submit to CalPERS. Never send originals of your documents — CalPERS accepts copies of these important papers.

If all documentation has not been filed with CalPERS at the time of your death, it may be necessary to delay payment of death benefits until the missing documents are received. This could impose a hardship on your beneficiary.

Non-Member Service Retirement Election Application

Section C

If you chose **Option 2, 2W, 3, 3W, or 4:**

- ☐ Copy of each beneficiary's birth certificate.
(If this is your spouse and the name on their birth certificate is not the same as your marriage certificate, copies of prior marriage certificates may be required to establish name continuity.)

Section E

- ☐ Copy of actual final judgment of dissolution, which shows the date your marriage terminated. If you were awarded a separate account as a result of a legal separation, provide a copy of the actual judgment of legal separation, instead of the judgment of dissolution.

Section F

- ☐ Did you remember to sign and date your application? Don't forget that you need to have the application form notarized or witnessed by a CalPERS representative.

Other Acceptable Documentation

(in order of preference)

- Birth certificate
- Valid driver's license or an identification card
- Baptismal record showing birth date (if baptism occurred at early age)
- Early school record showing birth date or age at a certain year
- Naturalization or immigration certificate
- Insurance policy, if issued before age 21
- Delayed birth certificate, if based on acceptable evidence, not affidavits
- Early census record
- Family Bible with entries made shortly after birth, showing complete date

Information Practices Statement

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 P Street, P.O. Box 942702, Sacramento, CA 94229-2702.



Non-Member Service Retirement Election Application

Important: Your application should be mailed directly to CalPERS no more than 90 days before your retirement date. Your effective retirement date cannot be earlier than the first of the month in which your application is received by CalPERS, or the day following the date of the court order which divided the community property between you and your former spouse, whichever is later.

Section A — Applicant Information

| | | | |
|-----------------|----------------|-----------|---|
| First Name | Middle Initial | Last Name | Social Security Number |
| | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mailing Address | | | Date of Birth |
| City | | | Home Phone |
| State | ZIP | Country | Work Phone |

Section B — Retirement Information

| | |
|-----------------|---|
| / | / |
| Retirement Date | |

| | | | | |
|---|------|---|----|---|
| Other Final Compensation Period to be Used: | / | / | / | / |
| | From | | To | |

| | | | |
|------------|----------------|-----------|------------------------|
| First Name | Middle Initial | Last Name | Social Security Number |
|------------|----------------|-----------|------------------------|

Section C — Option Election

I have reviewed the options listed and elect the following retirement payment option.

☐ **Unmodified Allowance.** I understand this is the highest monthly allowance payable to me, with no benefits payable upon my death. There is no return of contributions.

☐ **Option 1** ☐ **Option 2** ☐ **Option 2W** ☐ **Option 3** ☐ **Option 3W**

☐ **Option 4 (Please check one of the following)**

- ☐ Option 2W & Option 1 Combined ☐ Option 3W & Option 1 Combined
- ☐ Specific Dollar Amount to Beneficiary \$_____.00 ☐ Specific Percentage to Beneficiary _____%
- ☐ Reduced Allowance for Fixed Period of Time _____% or Dollar Amount, Through ____/____/____
- ☐ Multiple Lifetime Beneficiaries (complete information below)

| | | |
|---------------|------------------------|---------------------------------|
| _____ Name | _____ Date of Birth | _____ Social Security Number |
| _____ Name | _____ Date of Birth | _____ Social Security Number |
| _____ Name | _____ Date of Birth | _____ Social Security Number |

Beneficiary Information

☐ Male ☐ Female

| | | | |
|---|-----------------------|----------------|--------------|
| _____ Beneficiary's Social Security Number | _____ Name | | |
| _____ Date of Birth | _____ Relationship | | |
| _____ Mailing Address | _____ City | _____ State | _____ ZIP |

I understand that my election is irrevocable and that by electing Option 2W, 3W, or 4, I forfeit my right to an increase in my allowance based on the conditions described in A Guide to Completing Your CalPERS Non-Member Service Retirement Election Application.

Section D — Pro-Rated Allowance

| | | | |
|---|---------------|-----------------------|--------------|
| _____ Beneficiary's Social Security Number | _____ Name | _____ Relationship | |
| _____ Mailing Address | _____ City | _____ State | _____ ZIP |

| | | | |
|------------|----------------|-----------|------------------------|
| First Name | Middle Initial | Last Name | Social Security Number |
|------------|----------------|-----------|------------------------|

Section E — CalPERS Member Information

| | |
|---------------------------------|---------------|
| Member's Social Security Number | Member's Name |
|---------------------------------|---------------|

| |
|------------------|
| Date of Marriage |
|------------------|

| |
|---|
| Date of Final Dissolution of Marriage or Legal Separation |
|---|

Section F — Tax Withholding Election

Federal Tax Withholding Election (Please make one election only.)

- ☐ Do Not Withhold Federal Income Tax.
- ☐ Withhold Federal Income Tax in the amount of \$ _____.00 (monthly).
- ☐ Withhold Federal Income Tax Based on the Tax Tables for:
 - ☐ A Married Individual With _____ Tax Withholding Exemptions. (Enter 0 or a Number)
 - ☐ A Single Individual With _____ Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ In addition to the amount withheld based on the Tax Tables, Withhold \$ _____.00 (monthly).

State of California Tax Withholding Election (DE4P) (Please make one election only. This is optional for out-of-state residents.)

- ☐ Do Not Withhold State of California Income Tax.
- ☐ Withhold State of California Income Tax in the Amount of \$ _____.00 (monthly).
- ☐ Withhold State of California Income Tax Based on the Tax Tables for:
 - ☐ A Married Individual With _____ Tax Withholding Exemptions. (Enter 0 or a Number)
 - ☐ A Single Individual With _____ Tax Withholding Exemptions. (Enter 0 or a Number)
- ☐ In Addition to the Amount Withheld Based on Tax Tables, Withhold \$ _____.00 (monthly).
- ☐ Withhold State of California Income Tax in the Amount of 10 Percent of the Federal Income Tax Withholding Amount.

First Name Middle Initial Last Name Social Security Number

Section G — Applicant Signature & Notary

I hereby certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first retirement allowance check.

Applicant's Signature / / Date

State of County of

On before me, , personally known to me **or**

☐ proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

Witness my hand and official seal OR authorized CalPERS representative signature.

Representative's Signature



Member Services Division, P.O. Box 942717, Sacramento, CA 94229-2717
Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 231-7878 • (800) 352-2238

CalPERS Non-Member Retirement Allowance Estimate Request

The purpose of this form is to request an estimate of potential future benefit amounts that will assist you with your financial planning. **This form is not an application for retirement.**

Part 1 - Applicant Information (please print)

| | | | |
|-----------------|------------------------|---------------|-----|
| Name | Social Security Number | Date of Birth | |
| Mailing Address | City | State | ZIP |
| Home Phone | Work Phone | | |

Part 2 - CalPERS Member Information

| | |
|---------------------------------|---|
| Member's Social Security Number | Member's Name |
| Date of Marriage | Date of Final Dissolution of Marriage or Legal Separation |

Part 3 - Estimate Information

| |
|---------------------------|
| Projected Retirement Date |
|---------------------------|

Part 4 - Beneficiary Information

| | |
|--------------|---------------|
| Relationship | Date of Birth |
|--------------|---------------|

Part 5 - Other Option Types Available (Option 4)

CalPERS will provide you an estimate for the standard options. If these do not meet your needs, you may request ONE of the approved Option 4 types listed below.

- ☐ Option 2W & Option 1 combined
- ☐ Option 3W & Option 1 combined
- ☐ Multiple Lifetime Beneficiaries: (birthdates) _____
- ☐ Reduced Allowance for Fixed Period of Time: \$ _____ .00 or _____ %; Duration: _____
- ☐ Specific % to Beneficiary: _____ %
- ☐ Specific \$ Amount to Beneficiary: \$ _____ .00

Instructions for Completing Form

Parts 1, 2, and 3 must be completed to process your estimate request. If you have any questions, please call the number listed on the front of this form.

Part 1 – Applicant Information

Name: Provide your first, middle initial, and last name.

Social Security Number: Provide your Social Security number.

Birth Date: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you wish to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Part 2 – CalPERS Member Information

Enter the name and Social Security number of the member whose account was split in the community property settlement. Enter the date of marriage to the member and the date your married status terminated (this is the date the court determined that you were unmarried and could legally remarry).

Part 3 – Estimate Information

Projected Retirement Date: List your projected retirement date.

Part 4 – Beneficiary Information

A beneficiary is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we will need their date of birth.

Beneficiary Birth Date: Provide month, day, and complete year.

Relationship to You: A beneficiary might be a spouse, child, friend, etc.

Part 5 – Other Option Types Available (Option 4)

Under Option 4 the law allows you to design the type of coverage you wish to provide, as long as the amount to your beneficiary(s) is not more than the benefit provided under Option 2W. For additional information please refer to the Retirement Option 4 publication (PERS-PUB-18).



Non-Member Beneficiary Designation

Full Name

Social Security Number

/ /
Date of Birth

Telephone Number

Check either Box 1 or Box 2. If you check Box 2, indicate benefit type.

1. ☐ I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for any lump-sum death benefits payable under the Public Employees' Retirement Law in the event of my death.

OR

2. ☐ I wish to designate separate beneficiaries for the various lump-sum benefits that may be payable. This designation is for:

☐ Pro-Rated Allowance

☐ Option 1 Balance

☐ Option 4 – Option 1 Balance

Primary Beneficiaries

Full Name

Relationship

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship

Social Security Number

Mailing Address

City

State

ZIP

Secondary Beneficiaries

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES.

Full Name

Relationship

Social Security Number

Mailing Address

City

State

ZIP

Full Name

Relationship

Social Security Number

Mailing Address

City

State

ZIP

(Please continue to back)

Non-Member Acknowledgment

Should I survive all of the persons named, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the CalPERS Board of Administration, all in accordance with the applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage, dissolution or annulment of my marriage, or the birth or adoption of a child subsequent to the date I execute this form will automatically void this designation.

Signature / Date



Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716
Telecommunications Device for the Deaf - (916) 326-3240 • FAX (916) 326-3934 • (800) 352-2238

CalPERS Direct Deposit Authorization

First Name Middle Initial Last Name

Mailing Address City State ZIP

To sign up for Direct Deposit, simply complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If you want Direct Deposit to your checking account, attach your voided or canceled check. If your address is incorrect on the check, please correct it. **Do not attach a deposit slip.**

If you are authorizing CalPERS to directly deposit your monthly benefit into your savings account, if you do not wish to attach a voided or canceled check, or you do not have printed personalized checks, please visit your financial institution to obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit. **If you attach your voided, personalized check, you do not need to visit your financial institution.**

Please include your telephone number so we may contact you if we have any questions about your CalPERS Direct Deposit Authorization. You may also call us at the above number if you have any further questions.

You will receive your monthly benefit by Direct Deposit approximately 60 days after CalPERS receives this authorization. During this time, CalPERS will run a test transaction through the banking system. You will receive written notification to let you know when you can expect to receive your first Direct Deposit.

____ - ____ - _____
Social Security Number

Phone Number (with area code)

Type of Account (check one)

☐ **Checking** (attach a voided or canceled check) ☐ **Savings**

Certification

I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited to my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for reimbursement to CalPERS.

Signature of Payee

Date

To be completed by financial institution if you are authorizing your direct deposit to your savings account or if you do not have printed personalized checks.

Name and Address of Financial Institution

Depositor Branch and Account Number
(show the number exactly as recorded including necessary spaces, zeroes, or dashes.)

Branch Name and Number

Branch Telephone Number

Routing Number Check Digits

I confirm the identity of the above-named payee(s) and the account number. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative

Print/Type Representative's Name

Date

Attach your voided or canceled check here.
Do not attach a deposit slip.



How to Reach *CalPERS*



How to Reach Us

CalPERS representatives will be happy to help you Monday through Friday, 7:00 a.m. to 5:30 p.m. at (800) 352-2238. Or you can use our voice mail feature available 24 hours a day, 7 days a week.

You can:

- order a form or booklet
- request an estimate
- request general retirement information
- report a lost check
- leave a message to have a CalPERS representative call you back

For More Information

CalPERS Headquarters

400 P Street
Sacramento, CA 95814
(800) 352-2238
Telecommunications Device for
the Deaf: (916) 326-3240
FAX: (916) 558-4019

Sacramento Regional Office

2750 Gateway Oaks, Room 140
Sacramento, CA 95833
(877) 720-7377
FAX: (916) 231-7878

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720
(559) 440-4900
as of late 2000: (877) 720-7377
FAX: (559) 440-4901

Glendale Regional Office

Glendale Plaza
655 North Central Ave., Suite 1400
Glendale, CA 91203
(877) 720-7377
FAX: (818) 662-4304

Mountain View Regional Office

650 Castro Street, Suite 240
Mountain View, CA 94041
(650) 428-4600
as of late 2000: (877) 720-7377
FAX: (650) 428-4601



Orange Regional Office

500 North State College Blvd., Suite 750
Orange, CA 92868
(714) 939-4700

as of late 2000: (877) 720-7377

FAX: (714) 939-4701

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408
(909) 806-4800

as of late 2000: (877) 720-7377

FAX: (909) 806-4820

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108
(619) 220-7200

as of late 2000: (877) 720-7377

FAX: (619) 220-7201

San Francisco Regional Office

301 Howard Street, Suite 2020
San Francisco, CA 94105
(415) 369-8500

as of late 2000: (877) 720-7377

FAX: (415) 369-8501

Some Publications of Interest

- The Power of Attorney (PERS-PUB-30)
- Taxes and Your Retirement (PERS-PUB-34)
- Changing Options and Beneficiaries After Retirement (PERS-PUB-411)

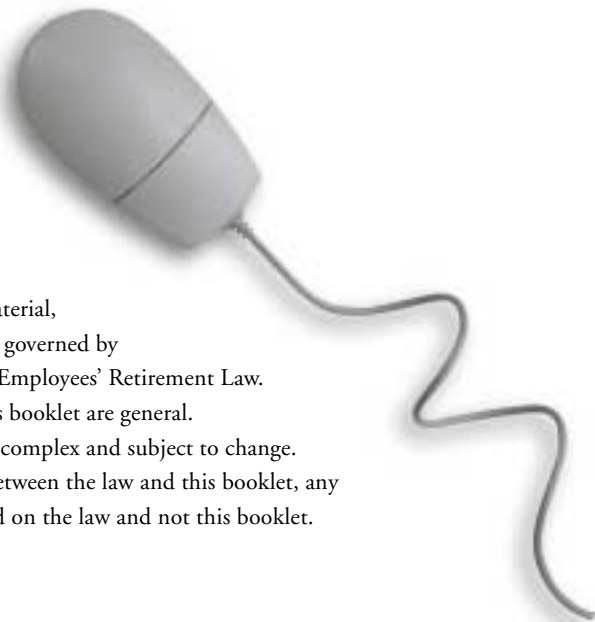
CalPERS On-Line

www.calpers.ca.gov

Our web site provides a quick, easy way to get CalPERS information.

- learn more about taxes, your retirement and your 1099R-tax form
- download forms and publications
- learn more about CalPERS programs
- retirement information
- Member Home Loan Program
- Long-Term Care Program
- and much more!

While reading this material,
remember that we are governed by
the California Public Employees' Retirement Law.
The statements in this booklet are general.
The retirement law is complex and subject to change.
If there is a conflict between the law and this booklet, any
decisions will be based on the law and not this booklet.





California Public Employees' Retirement System

400 P Street

Sacramento, CA 95814

www.calpers.ca.gov

PERS-PUB-44

May 2000